

PARTIAL MENISCECTOMY - POSTOPERATIVE INSTRUCTIONS

Arthroscopy is a minimally invasive procedure that allows the surgeon to investigate the joint with a small camera and work with pencil-sized instruments through small incisions.

Knee arthroscopy is recommended to treat various conditions of the knee. We can include: damaged cartilage, torn meniscus, torn ligaments, infection, and others.

A meniscus is a crescent-shaped fibrocartilaginous structure located between your thighbone(femur) and shinbone(tibia). Each knee has two menisci(plural of meniscus). They act as shock absorbers and help stabilize the joint.

Meniscus tears are common knee injuries, especially among people who play sports.

MENISCUS SURGERY

The surgical procedure usually lasts about an hour, unless unexpected injuries are found. General or regional anesthesia can be performed . Additionally, you may receive a nerve block. This will be decided between you and the anesthesiologist before surgery.

The surgeon inserts an instrument called an arthroscope (with a video camera at the end) and other pencil-sized instruments into the joint through small incisions. After having made an inventory of the knee joint, the surgeon removes the damaged part of the meniscus, preserving as much of the healthy tissue as possible. If no other injury is found, the incisions are sutured, and dressings are applied.

RECOVERY

It depends on the type of surgery you had, your injury, activity level, age, smoking status, adherence to rehabilitation, etc. Typically, patients who have undergone partial meniscectomy have a faster recovery than those who have undergone meniscal repair.

POSTOPERATIVE CARE: PARTIAL MENISCECTOMY SURGERY

- Swelling is one of the most important factors involved in knee arthroscopy causing postoperative pain.
- Keeping the leg elevated and the frequent application of ice (cold therapy) are important ways to reduce swelling around the knee.
- Elevation is achieved by placing pillows under the entire leg so that the heel is elevated higher than the knee. And you need to elevate your leg above the level of your heart.
- The knee must be fully extended at the end of the second week.
- Your foot and ankle may be swollen after surgery. You are encouraged to elevate and move your foot and ankle several times a day to reduce swelling.
- **Do not** apply ice (cold therapy) if your nerve block is still in effect (**IF HAVING A NERVE BLOCK**).

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PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and mobilization are essential in pain management.
- The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- IF strong painkiller (hydromorphone, morphine, oxycodone, etc) has been prescribed, don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- **IF HAVING A NERVE BLOCK:** it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).

WEIGHT BEARING

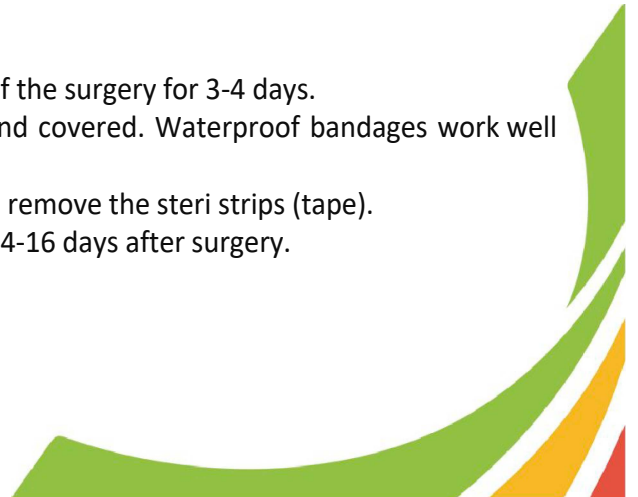
- After the surgical procedure you will be weight-bearing as tolerated (WBAT) and you may use crutches for your comfort.
- Avoid long-distance walking for the first 2 weeks, even if you think you can do it without pain.
- Footbridge Clinic has a Physiotherapy team that is used to our protocols. They will instruct you on how to be weight-bearing as tolerated (with or without a walking aid) and transition to your normal gait.

COLD THERAPY (ICE THERAPY)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.(**IF HAVING A NERVE BLOCK**)
- The knee is the largest joint in the body. The ice pack must be large enough to cover the front area of the knee.
- You could apply ice for up to 20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

WOUND CARE/SHOWER

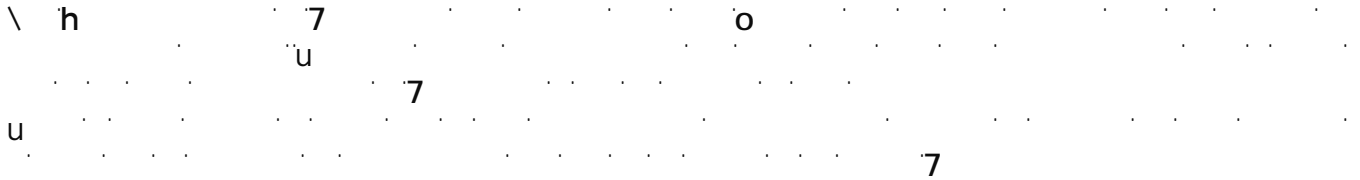
- You should keep the bandage that was placed on the day of the surgery for 3-4 days.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- After 7-10 days you can let the wounds get wet, but do not remove the steri strips (tape).
- If non-absorbable sutures are used, they will be removed 14-16 days after surgery.
- Do not get into a pool or bathtub for the first 3 weeks.



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PHYSIOTHERAPY

- You will follow a rehabilitation protocol based on your surgery and on your special needs.
- Range of motion (ROM) - Your goal at home is to restore full knee extension and bend your knee more than 100 degrees in the first 2 weeks after surgery.
- In the meantime, you are encouraged to move your foot and ankle 4-5 times per day, at least 5-10 minutes at a time.



It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green and may go down the leg.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if:

- **Pain on your CALF, BACK OF KNEE, THIGH or GROIN.**
- **Increased swelling on the operated thigh, knee or leg.**
- **Body temperature above 38 Celsius/101 Fahrenheit.**
- **Increased warmth and redness around the wounds.**
- **Increased fluid leaking from the wound.**

CALL 911 if:

- **You have trouble breathing.**
- **You have chest pain.**
- **Anyone noticed that you lost consciousness.**



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RETURN TO ACTIVITIES - TIMELINE (approximate)

PARTIAL MENISCECTOMY

Weight-bearing

- Weight-bearing as tolerated.

Walking

- Some patients need crutches for a few days and some do not.

Working

- Deskwork: 5-10 days
- Heavy work: 6 weeks (if a complete range of motion and no swelling)

Driving

- 2 weeks (if a complete range of motion and no swelling)

Sports

- 6 weeks (if a complete range of motion and no swelling)

